

FILED

NOV 05 2007

CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN JOSE

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

William T HUFF

Plaintiff,

vs.

Defendant.

C07-5610-JF

CASE NO. 29042

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, William T Huff, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: 0 Net: 0

Employer: 0

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 H 3 H RV REPAIR WAGES:
 5 3074 N ASHBY RD DONT RECALL
 6 MERCED CALIFORNIA 95348

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ___ No X
 10 self employment
 11 b. Income from stocks, bonds, Yes ___ No X
 12 or royalties?
 13 c. Rent payments? Yes ___ No X
 14 d. Pensions, annuities, or Yes ___ No X
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ___ No X
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 ⊖
 22 _____

23 3. Are you married? Yes ___ No X

24 Spouse's Full Name: ⊖

25 Spouse's Place of Employment: ⊖

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ ⊖ Net \$ ⊖

28 4. a. List amount you contribute to your spouse's support: \$ ⊖

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

NONE

5. Do you own or are you buying a home? Yes ___ No X

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ___ No X

Make _____ Year _____ Model _____

Is it financed? Yes ___ No ___ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No X (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ 0

Do you own any cash? Yes X No ___ Amount: \$ 3.00

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No X

8. What are your monthly expenses?

Rent: \$ 0 Utilities: 0

Food: \$ 0 Clothing: 0

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
	\$ _____	\$ _____
	\$ _____	\$ _____

9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable. Do not include account numbers.)

3 NONE
4

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 0
10

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 OCTOBER 31, 2007

17 DATE

18
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28
Terry W. Huff
SIGNATURE OF APPLICANT

STATE OF CALIFORNIA
CDC - 193 (1/88)

DEPARTMENT OF CORRECTIONS

TRUST ACCOUNT WITHDRAWAL ORDER

Date 5-1-07 20 07

To: Warden

Approved um. Jm cetI hereby request that my Trust Account be charged \$ 3.00 for the purpose stated below and authorize the withdrawal of that sum from my account:J-94871

NUMBER

Terry W. Huff

NAME (Signature please, DO NOT PRINT)

State below the PURPOSE for which withdrawal is requested
(do not use this form for Canteen or Hobby purchase)PRINT PLAINLY BELOW name and address of person
to whom check is to be mailed.

PURPOSE

2 COPIES OF TRUST
STATEMENTS for LAST 6 MONTHS

NAME

CSP - Solano Trust Office

ADDRESS

Reviewed by [Signature]
Security & InvestigationTERRY W. HUFF
PRINT YOUR FULL NAME HEREJ-94871

Case Number: 29042

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of WILLIAM T HUFF for the last six months at

WILLIAM T HUFF [prisoner name]
SOLANO STATE PRISON where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

SEE ATTACHED PAPERWORK

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIFORNIA STATE PRISON SOLANO
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2006 THRU MAY 04, 2007

ACCOUNT NUMBER : J94871
ACCOUNT NAME : HUFF, TERRY WILLIAM
PRIVILEGE GROUP: B

BED/CELL NUMBER: S101T1000000109U
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

CASE NO: 29042

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
04/05/2007	H114	COPAY FEE, MED.	3641-03/05	5.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	5.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS
BY Barbara Patten
TRUST OFFICE

CURRENT
AVAILABLE
BALANCE

5.00-